

IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF MISSOURI

SCANNED at CRCC and E-mailed

CONNOR, DANNY JOE #191350)
(full name) (Register No.))

4-17-15 by BH 8 pages
date initials No.

_____))
_____))
Plaintiff(s).)

Case No. _____

v.)

C/O1 Box)
(Full name))

Defendants are sued in their (check one):

☒ Individual Capacity
☐ Official Capacity
☐ Both

_____))
Defendant(s).

COMPLAINT UNDER THE CIVIL RIGHTS ACT OF 42 U.S.C. § 1983

I. Place of present confinement of plaintiff(s):
CROSSROADS CORRECTIONAL CENTER 1115 E. PENCE RD. CAMERON, MO. 64429

II. Parties to this civil action:
Please give your commitment name and any another name(s) you have used while incarcerated.

A. Plaintiff CONNOR, DANNY J Register No. 191350
Address CROSSROADS CORRECTIONAL CENTER
1115 E PENCE RD., CAMERON MO. 64429

B. Defendant C/O1 Box

Is employed as CORRECTIONAL OFFICER I AT SOUTH CENTRAL CORRECTIONAL
CENTER, 255 W. HWY 32, LICKING, MO. 65542

For additional plaintiffs or defendants, provide above information in same format on a separate page.

- III. Do your claims involve medical treatment? Yes ☒ No ☐
- IV. Do you request a jury trial? Yes ☐ No ☒
- V. Do you request money damages? Yes ☒ No ☐
- State the amount claimed? \$ 500,000. / (actual/punitive)

VI. Are the wrongs alleged in your complaint continuing to occur? Yes ☒ No ☐

VII. Grievance procedures:

A. Does your institution have an administrative or grievance procedure?

Yes ☒ No ☐

B. Have the claims in this case been presented through an administrative or grievance procedure within the institution? Yes ☐ No ☒

C. If a grievance was filed, state the date your claims were presented, how they were presented, and the result of that procedure. (Attach a copy of the final result.)

I WAS TOLD TO GRIEVANCE WHEN I WAS RELEASED FROM THE HOLE. DURE RELEASED FROM THE HOLE I WAS TOLD IT IS TO LATE TO FILE GRIEVANCE ON THIS ISSUE. THAT I ONLY HAD 15 DAYS FROM INCIDENT ~~OCURR~~ OCCURRED.

D. If you have not filed a grievance, state the reasons.

N/A

VIII. Previous civil actions:

A. Have you begun other cases in state or federal courts dealing with the same facts involved in this case? Yes ☐ No ☒

B. Have you begun other cases in state or federal courts relating to the conditions of or treatment while incarcerated? Yes ☐ No ☒

C. If your answer is "Yes," to either of the above questions, provide the following information for each case.

(1) Style: X/A
(Plaintiff) (Defendant)

(2) Date filed:

(3) Court where filed: _____

(4) Case Number and citation: _____

(5) Basic claim made: _____

(6) Date of disposition: _____

(7) Disposition: _____

(Pending) (on appeal) (resolved)

(8) If resolved, state whether for: _____

(Plaintiff or Defendant)

For additional cases, provide the above information in the same format on a separate page.

IX. Statement of claim:

- A. State here as briefly as possible the facts of your claim. Describe how each named defendant is involved. Include the names of other persons involved, dates and places. Describe specifically the injuries incurred. Do not give legal arguments or cite cases or statutes. You may do that in Item "B" below. If you allege related claims, number and set forth each claim in a separate paragraph. Use as much space as you need to state the facts. Attach extra sheets, if necessary. Unrelated separate claims should be raised in a separate civil action.

I WENT TO MAIN LINE AT NOON MEAL. I GOT AN TRAY THE FOOD WAS
COLD SO I WAS TALKING TO C/O BOX AND ASKED HIM IF I COULD GET
ANOTHER TRAY. THEN C/O BOX TOOK ABOUT THREE STEPS BACK AWAY FROM
ME. AT I WAS STRUCK FROM BEHIND IN MY LEFT JAW. I WAS KNOCKED
OUT FROM THE BLOW AND HIT THE FLOOR ON MY LEFT SIDE AND
BUSTED MY HEAD OPEN. C/O BOX WAS STANDING BY THE FOOD PORT
WINDOW ON THE OUTSIDE OF WINDOW AND RAILING. I WOKE UP IN HOSPITAL
IN HOUSTON MO. 5 1/2 HRS LATER TO GET MY HEAD STAPLED

- B. State briefly your legal theory or cite appropriate authority:

THAT C/O BOX BEEN WHAT WAS FIXING TO HAPPEN TO ME, WHICH MADE HIM
STEP BACK AWAY FROM ME. WHICH HE CLEARLY SHOWS FAILURE TO PROTECT
ME FROM KNOWING HARM. THERE IS THREE CAMERA VIEW OF THIS
ACT BY C/O BOX

X. Relief: State briefly exactly what you want the court to do for you. Make no legal arguments.
THAT ~~DAMAGE~~ ^{BE} MONEY DAMAGES BE AWARDED TO ME FOR FAILURE TO PROTECT
AND FROM DAMAGE I HAVE RECEIVED FROM SAID INJURY. AND THAT C/O 1 Box
BE REMOVED FROM WORKING FOR IN ANYWAY FROM D.O.C.

XI. Counsel:

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name. N/A

B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action? Yes ☐ No ☒

If your answer is "Yes," state the names(s) and address(es) of each lawyer contacted.

C. Have you previously had a lawyer representing you in a civil action in this court? Yes ☐ No ☒

If your answer is "Yes," state the name and address of the lawyer.

I declare under penalty of perjury that the foregoing is true and correct.

Executed (signed) this 6 day of APRIL 2015.

Danny J. Conner
Signature(s) of Plaintiff(s)